

THE COMMONWEALTH OF MASSACHUSETTS

TRAVEL AUTHORIZATION FORM (Form TAF)
Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

Contract of the Contract of th							
1. Date of Request: March 1, 2011	2. Travel Request #:	3. Department	/Division: DPH		4. DEPT/ORGN: 0294	5. Appr 8100-	opriation No.: 9749-
6. Name of Traveler(s) Michae): el Lawler	7. Title(s	s): iemist III (Unit	9) 8.	Dates of Travel June 5,2011 - June 12,11	Sterlin	stination g, VA
9. Travel Itinerary and	Justification (If travel is	s privately subsi	dized, statement	of purpose mus			the
Commonwealth and Mr Lawler will be traveling		arough June 10 to	attend a mandat	ory training semi	nar for forensic scie	ntists involved	in the
analysis of controlled subs	stances conducted by the 's skill as a forensic scien	Special Testing L tist. The 5 day trai	aboratory of the E ining will include k	orug Enforcemen nowledge about	it Agency (DEA). Th analyzing different o	e purpose of the controlled subs	is seminar is
Supporting documental Signature of Bureau Director:	ector/Assistant Commis	sioner/Hospital	i. (Ma	'N	Date: 3	-//-//
	inda Han				· · · · ·		
10. Estimated Expense	s:		Private Funds	State/Federal Funds	Personal Funds	Other Funds	
Transportation: (check all ☑ Air ☐ Ra				376.29	V		
⊠ Taxi Car:	☐ Personal	☐ Rental	-	18.62	1	·	
Lodging:			AND TO	885.50			:
Meals: 5 Days &	2 17.50 & 8.50			96.00°			
Other: (please list): Parking/Registra	ation Fee						
Sub Total(s)			PART WALL	1426.41			·
	Gra	and Total					1426.41
11. Include names of all non-business compo	other travelers (includi	ng family, friend	s or coworkers) :	and how they w	ill pay. In addition	, if the travel o	onsists of a
Peter Piro and Rebecca F	other travelers (includi onent, please describe: Pontes 4+ 06 ce	ist to the	COMMONLE	ealth and	en his omu	time.	any scat
12. Privately Subsidized Name of Contact Person:						Not Applica	
Company: Address:				Jescribe ali acti	ivities offered and	intent to parti	cipate;
Business Activity: Telephone Number:		100		Relationshin Be	tween Private Part	y and the Cor	omonwealth:
13. Certifications and A							
I hereby certify under the Signature of Traveler:	pains and penalties of	perjury that, to t	he best of my kn	owledge, the ab	ove information is	true and corr Date:	ect.
Michael Lawler	Michael	Xilla				3/11/	11
I hereby certify that suffice Signature of Department		for the above d	escribed travel a Title:	ccommodations	s. ∐ Delegation fro // /	om Secretary Date:	granted.
/		$\mathcal{M}_{\underline{}}$		<u> </u>	4/4	+ T	
Approved	☐ Disapprov	red \	☐ Approv	red With Modifica	ations \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ments Attache	đ
Signature of Cabinet Seci	retary:					Date:	

THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF)

3/1/11	2. Travel Request #:	3. Department/Di	ivision: DPH		4. DEPT/ORGI 0294		opriation No.: 10-9749 /
	ca Pontes		mist II (unit		Dates of Trave June 5 201 - June 10, 2011	1 Sterling	
Commonwealth an							
the analysis of contro seminar is the enhance	ling to Sterling, VA June 5 illed substances conducte ce Mrs. Pontes' skill as a y related to the analysis c	d by the special test forensic sclentist. Th	ing Laboratory o e 5 day training	f the Drug enforce	ement Adgancy (DEA). The purpo	se of this
Signature of Bureau Dir	tation, i.e. agendas or bro rector/Assistant Commis Ida Han		_1/2	vda	Wan	Date:3	-//- //
10. Estimated Expense	es:	· · · · · · · · · · · · · · · · · · ·	Private Funds	State/Federal Funds	Personal Funds	Other Funds	
Transportation: (check al ☑ Air ☐ R ☑ Taxi Car: ∐ State	ll that apply) tail [∐ Bus ⊠ Porsonal	☐ Rental		\$333.40 \$90 	1		
f oddiud.	.·			\$885,50			
Meals 5 de	an @ 17.50			\$96,00	· ;		
Other. (please list): Registra							
Sub Total(s)				\$1422.18			
	- C	and Total					\$1422.18
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non-business com Hienn Lafleur - family, A	uli other travelers (includ ponent, please describe Albert Laffeur family, E r. McWall La	mily Pontes - famili	v. All family me	mbers traveling	with me will be	****	
non-business com Elleen Lafleur - family, A privately and separately 12. Privately Subsidize	uli other travelers (include ponent, please describe Albert Lafleur family Exp. Michael Load Travel Information:	mily Pontes - famili	y. All family me	mbers traveling	with me will be	paying for their	expanses
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non-business committee Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company:	uli other travelers (included ponent, please describe Albert Lafleur family, E. M. C. Wall Load Travel Information:	mily Pontes - famili CW(EY	y. All family me	mbers traveling	with me will be	paying for their	expanses
non-business comp Elleen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity:	uli other travelers (included ponent, please describe Albert Lafleur family, E. M. C. Wall Load Travel Information:	mily Pontes - famili W(er	y. All family me	mbers traveling	with me will be	paying for their Not Applied intent to part! arty and the Cor	expenses able cipate:
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non-business com Eileen Lafleur - family, A privately and separately 12. Privately Subsidize Name of Contact Person Company: Address: Business Activity: Telephone Number: 13. Certifications and a I hereby certify undor th Signature of Traveler: Rebecca Pontes	Authorizations ne pains and penalties of	mily Pontes familians (Porlury that, to the	e best of my kr	mbers traveling Describe sillact Relationship Be	with me will be	Not Applied intent to partial arty and the Corporate is true and corporate:	expenses able

Form FAF - revised 08/96



THE COMMONWEALTH OF MASSACHUSETTS TRAVEL AUTHORIZATION FORM (Form TAF) Shaded areas must be completed if travel is subsidized by a private party, per 801 CMR 7.00

	2. Travel Request #:	3. Departmen	t/Division:		4. DEPT/ORGN:	5. Appropriation
March 1, 2011		<u> </u>	DPH		0294	8100-9749-1
6. Name of Traveler(s		7. Title		8.	Dates of Travel:	8.a Destination
Pet	er Piro	Lab	Supervisor (Uni	t 9)	June 5,	Şterling, VA
					2011-June	
		j			10 ^t	
9. Travel Itinerary and Commonwealth an	l Justification (If travel d Employee:	is privately subs	idized, statement of	purpose mus	t include anticipated	d benefit to the
Mr Piro will be traveling to analysis of controlled sub is to enhace Mr Piro's skil related to the analysis of	stances conducted by the last a forensic scientist.	ne Special Testing	Laboratory of the Dru	g Enforcement	Agency (DEA). The	purpose of this seminar
Supporting document		ochures is attache	.d.			
Signature of Bureau Dir	·			1/10		2/11.
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10. Estimated Expense	es:		Private S Funds	tate/Federal Funds	Personal Funds	Other Funds
Transportation: (check all	that apply)			400.10	V	
⊠ Air □ R				50.00		
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Car: State	☐ Personal	Rental		- 7.76-	V	
Lodging:			(GF-1)	885.50		
Meals: 5 da	y 0 17.50			on I a		
1 10	ma (7)			9600	<i>V</i>	
Other: (please list):	race (6.50		 			
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r unung/r togicu				400.00	,	
Sub Total(s)				1527.36		
	G	rand Total			***************************************	1527
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non-business comp	other travelers (Inclu- onent, please describe occa Pontes	9:				t the travel consists o
non-business comp lichael Lawler and Rebe	onent, please describe ecca Pontes	9:	ds or coworkers) and			
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